The Journal of Asian Studies Vol. 66, No. 2 (May) 2007: 363–387.
 doi: 10.1017/S0021911807000563

# Critical Methods in Tibetan Medical Histories

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*This paper addresses the development of scholastic medical traditions in Tibet through an examination of lists of physicians. I consider the debates that such lists and their accompanying narratives engender for Tibetan historians and reflect on the contributions they make to the identity of the medical tradition. By examining the structure and content of classificatory methods in medical histories, I argue that temporally organized lists document the place of medicine across time, geographically organized lists document the reach of medical knowledge across space, and thematically organized lists document the intertwining of medical knowledge and skill with other aspects of intellectual and civil life. In making these lists, medical historians paint a portrait of the Tibetan medical tradition that evokes connections to Buddhism and the strength and cosmopolitanism of the imperial period. Medical histories thus emphasize a picture of Tibet in the broader context of Asia—a Tibet whose empire lives on culturally or intellectually, if not militarily.*

TIBETAN CULTURE is remarkable in both its geographic expanse and its global influence. Although in modern times, Tibet has acquired the image of an isolated and inaccessible plateau, in fact, throughout much of its history, it was a major cultural, political, and military force in Central and Inner Asia. Given Tibet's location along the Eurasian Silk Road, it played a crucial role in the transmission of material and intellectual culture across a large area of the world. An important aspect of Eurasian exchange focused on medical goods and information, and thus an examination of Tibetan medical history contributes to our understanding of the histories of the peoples across the landmass of Eurasia. The analysis of medical history generally is recognized as a key component in our understanding of wider intellectual and sociological issues, as it may uncover significant links between politics, religion, ethics, law, and notions of the body, gender, and health. Medical knowledge in Tibet originated in the international contributions of Chinese, Indian, Arab, Central Asian, and Greek physicians, and it matured through the multifaceted contributions of Tibetan scholars. Over more than a millennium, Tibetan medical traditions produced a body of writing as rich as that of India, China, or Greece, and yet for a variety of linguistic, geographic, political, and ideological reasons, this literature has

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been little studied outside Tibet. This essay examines an aspect of the history of medical knowledge in Tibet: not only what that history was, but also how that history was told.

In thinking about the methodology of Tibetan medical histories, I begin by proposing that in recording medical history in the ways in which they did, Tibetan historians were not "merely following tradition," a view that denies Tibetan historians authorial and scholarly agency, reducing them to mere scribes of knowledge passively received and uncritically passed on; such a move retains methodological rigor and critical self-awareness for ourselves alone.[1] I prefer instead to regard Tibetan scholars as *thinking* about medical history and as *creating* that history out of an otherwise inchoate set of facts using particular analytical methodologies. In the doing of history, Tibetans carefully identified historical fact, deciding what was relevant or important historically and what was not. These scholars then categorized the facts into a coherent understanding of medicine and its development in Tibet. The methods they used to document history may tell us something about their view of the meaning or purpose of writing history, as well as the events of history themselves.

This article will focus on the development of scholastic medical traditions in Tibet through an examination of lists, or catalogs, of famous physicians in a group of medical histories. It is easy to think that a list simply records what is there: For example, "a list of students in the room" is simply a list of students in the room, without much analysis or critical method involved. Thinking all lists to be like this, we may dismiss the possibility of list making as a critical method. But not all lists are like this: Some are more like "a list of the best students in the room." By what criteria were those students judged as the best? What criteria determined how many students would be listed as the best? For what purpose and for what audience was their superiority heralded? Did everyone agree that they were the best? Such a record may be debated, used for polemical aims, or applied heuristically, and so it may tell us as much—or more—about the list maker than it does about who is on that list. In this article, I wish to examine lists and the method of list making in a selection of medical histories. It is less my intention here to address the important historical question of whom the individual figures recorded really were, when that is ambiguous, when they really lived, and so forth. Rather, I consider how these lists—and the types of lists they are—contribute to the portrait of medicine that is painted by medical histories, and what they may tell us about how medical historians chose to portray the medical tradition.

Tibetan literature includes many works on medical history, and the sources for this study begin at the turn of the thirteenth century with a work by the medical scholar Che rje zhang ston zhig po dated around 1200. From the fourteenth century, we will look at the substantial medical history written by the

[1]On this methodological standpoint, see José Ignacio Cabezón (2006).



medical scholar Brang ti dpal ldan 'tsho byed, the *Shes bya rab gsal*. A century later, the *Bshad mdzod yid bzhin nor bu* by religious historian Don dam smra ba'i seng ge has a chapter on the history of medicine, and from the mid-sixteenth century, we have several medical histories, including a chapter on the topic in the *Stag lung chos 'byung*, written by Stag lung ngag dbang rnam rgyal in 1589. The most substantial history of medicine from this period is the *Sman pa rnams kyis mi shes su mi rung ba'i shes bya spyi'i khog dbubs* by the great medical scholar Zur mkhar blo gros rgyal po (1509–79). Several lengthy works succeed Blo gros rgyal po's text, including the late seventeenth-century medical history by De'u dmar bstan 'dzin phun tshogs and Sangs rgyas rgya mtsho's famous medical history, *Khog 'bugs*, of the same period.[2] Not all histories present the classificatory systems that will be the object of our examination here; nor will we examine all of the histories that use these methods. Thus, I will not engage in the analytical task of tracking these lists throughout history in a comprehensive way. Rather, I will focus on a select number of texts that were in conversation with one another, aiming to examine the nature of the conversations pertaining to the practice of listing physicians.

There are three primary types of lists in medical histories, each of which uses a different classificatory criterion; I will concentrate especially on two of these types in this essay. The first type, which I will address only briefly, is the lineage list—those catalogs that temporally organize the names of key figures from the present date (that is, from the time of the author of the history) back in time, typically tracing an individual's lineage genealogically back to the historical Buddha or a divine figure. Second, there are lists that classify doctors according to their place of origin or primary geographic locus of activity. Third, there are lists that arrange physicians thematically, grouping them by their particular skills, accomplishments, or areas of specialization. Whereas the organizational criterion of the first type, the lineage list, is time, the second and third types are atemporal: These lists bring together figures who were active over a range of centuries in such a way that disregards their temporal relationship to each other or to historical events. Such atemporal lists are presented in historical works and then discussed, explained, or justified with a narrative. In the following pages, I will introduce the lists and their narratives that recur frequently in medical histories. I will then consider some of the debates that these lists and their narratives engender for Tibetan historians. Finally, I will reflect on the contributions these lists make to the identity of medical history as it is created by those historians.

## The List of Non-Tibetan Medical Traditions

One of the most commonly cited catalogs of physicians is one that identifies medical traditions and their representatives from the regions surrounding

[2]Che rje zhang ston zhig po's work has been studied in Martin (Forthcoming).

**Table 1.** Non-Tibetan medical systems and their representatives

| Region | Representative(s) | | |
|---|---|---|---|
| | CR | BT | DD |
| Kashmir (kha che) | Slob dpon dpa' bo and Bstan pa blo gros | Slob dpon dpa' bo (kha che nub phyogs); Bstan pa blo gros (kha che shar phyogs) | Bstan pa blo gros |
| Orgyan (dbu rgyan) | Dzi na mi tra | Dzi na mi tra | Dzi na mi tra |
| Magadha (dbus 'gyur 'chang) | Pra a nan ta | | Sri a nan ta |
| Newar (bal po) | Su ma ti kirti | Tra a nan ta | Su ma ti kirti |
| Persian (stag gzig) | Ur pa ya | Ur ba ya | Ur ba ya |
| Dolpo (dol po) | Rdo rje 'bar ba | Rdo rje 'bar ba | Rdo rje 'bar ba |
| Uighur (hor) | Legs pa'i rgyan | Legs pa'i rgyan gyi blo gros | Legs pa rgyal mtshan |
| Tangut/Xia (me nyag) | Brtson 'grus snying po | | Brtson 'grus snying po |
| Khotanese (li) | Rgyal ba'i rdo rje | Rgyal ba rdo rje | Rgyal ba rdo rje |
| Khrom (khrom) | Btsan pa shing la ha | Tsam pa shi la ha | Tsam pa shi la ha |
| Chinese (rgya nag) | | Ha shang ma ha ya na | |

BT: Brang ti dpal ldan 'tsho byed.
CR: Che rje zhang ston zhig po.
DD: De'u dmar bstan 'dzin phun tshogs (citing an earlier unnamed work).

Central Tibet. This listing is found in many medical histories, with some variations. Dan Martin's forthcoming article on the early thirteenth-century history by Che rje zhang ston zhig po, for example, discusses that text's enumeration of ten doctors and their medical systems, hailing from regions surrounding Tibet on all sides. As table 1 indicates, the text records the names of regions and politicoethnic groups from present-day plains India (Magadha), portions of the western Himalayas (Kashmir, Orgyan), the Nepali Himalayas (Newar, Dolpo), north-central Asia (Tangut, Khotan, Uighur), and south-central Asia or the Arabo-Persian regions (Persia, Khrom). Chinese and Tibetan doctors, as well as some Indian scholars, are recorded in a separate catalog. Martin notes that the figures who are specified as representatives of these traditions lived between the eighth and the eleventh centuries, and he proposes that the configuration of ten traditions presented in this work "ought to be awarded a certain precedence, given the age of the text in which is it found." This may, in other words, be one of the very earliest accounts of such a catalog of non-Tibetan medical systems and doctors.

Another version of the catalog of non-Tibetan traditions is found in a text of the late fourteenth-century medical writer Brang ti dpal ldan 'tsho byed, the *Shes*



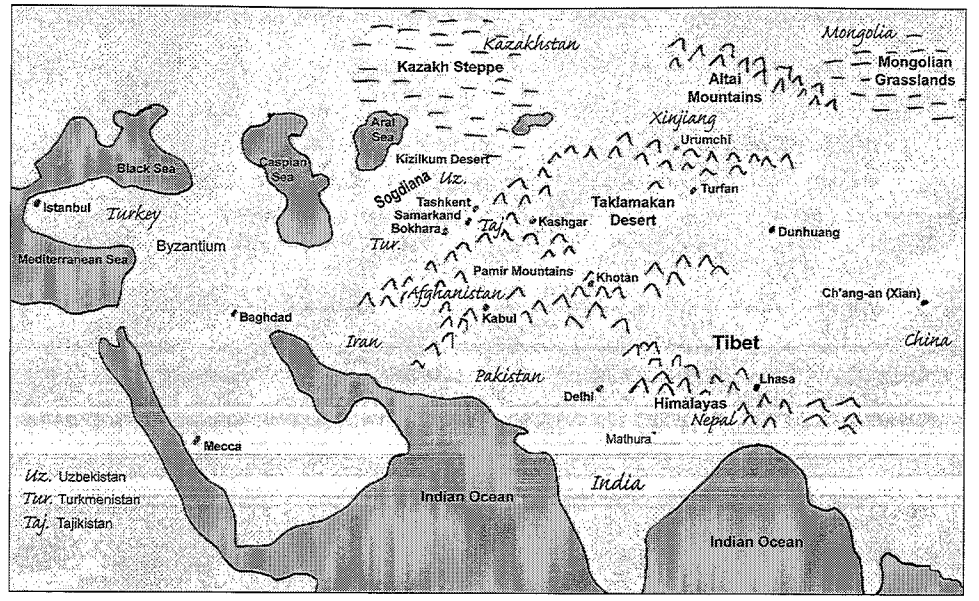


**Figure 1.** Tibet and Central Asia.

*bya rab gsal*. This work, one of the most comprehensive early histories of the five arts and sciences, begins its section on medicine with an overview of ten non-Tibetan medical systems and their representatives. In this text, the ten systems comprise the western Kashmir, eastern Kashmir, Orgyan, Newar, Persian, Dolpo, Uighur, Khotanese, Khrom, and Chinese traditions. The catalog is followed by a brief summary of Tibetan medical scholars and their writings, and then the work proceeds with a narrative description of medical history in Tibet, beginning with the preimperial period, as I will discuss later. The catalog of non-Tibetan medical traditions is one of the most common features of Tibetan medical histories, although the lists may vary. A chapter on medical history in the early fifteenth-century *Rgya bod yig tshang chen mo* by Dpal 'byor bzang po, for example, makes note of twelve non-Tibetan medical traditions, identifying the regions of India (*rgya gar*), Kashmir (*kha che*), Nepal (*bal po*), Qarlug (*gar log*), Khrom (*khrom*), China (*rgya nag*), Zhang Zhung (*zhang zhung*), Dru gu (*gru gu*), Sogdiana (*srog po*), Mon (*mon*), Tangut (*mi nyag*), and "Do" (*rdo*).[3] The late seventeenth-century medical history by De'u dmar bstan 'dzin phun tshogs, as well as Sangs rgyas rgya mtsho's *Khog 'bugs*, both cite "an earlier work" recording ten traditions and their representatives; their lists are the same as that of Che rje zhang ston zhig po (De'u dmar 1993, 672–73). The summary of three such catalogs given in table 1 indicates that although these lists are not identical, they are quite similar.

[3] I am unable to identify the region referred to as *Rdo* in Dpal 'byor bzang po (1985, 192). This list is also cited in Martin (Forthcoming). Beckwith notes that *Sog po* may refer to Sogdiana, but according to Hoffmann, it may also refer to Khotan (Beckwith 1979, 312, citing Hoffmann 1971).

The accurate identification of some of these regions can be difficult, although we can be fairly sure of their approximate locations. Zhang Zhung refers to the regions of western Tibet, and Orgyan may refer to the present-day Swat Valley in Pakistan. Khrom, sometimes known as Phrom (a loosely phonetic representation of Rome), is a region of major significance to Tibetan medical history, as I will discuss later. Khrom may refer to the eastern Roman or Byzantine Empire, which lasted more than 1,000 years and was absorbed in the mid-fifteenth century by the Ottoman Empire. By the ninth century, however, its reach did not extend farther east than the eastern edge of the Black Sea, and thus when Tibetan histories speak of the region called Khrom, its precise location is uncertain.[4] Adding to this uncertainty, Khrom is sometimes in Tibetan histories conflated with "Tazig" (in Tibetan, *Stag gzig*), which refers to the area of present-day Tajikistan, northwest of Central Tibet. Speaking historically, it may also refer to the Inner Asian regions controlled at different periods by the Arab, Persian, and Turkic empires—perhaps the Baghdad-based Abassid Empire (750–1258), whose eastern borders extended to Delhi, running north along the southern edge of the Himalayas to Kashgar and northwest of there, or later, the Turkic Ottoman Empire (1290–1924), whose eastern borders extended well into India, north along the Himalayas up to Kashgar and Tashkent. The Qarlug were a confederation of Turkic tribes in the region of modern-day Uzbekistan, southeast of the Aral Sea. The Tangut, who formed a state known to the Chinese as Xixia (982–1227), were a partially nomadic Buddhist group located to the northeast of the Taklamakan Desert, stretching north to present-day Mongolia, east to Dunhuang, and south to Tibet. The Khotanese kingdom, located in present-day Xinjiang, China, was an important site of Buddhist learning and a vital trading region that was active from the third century BCE to the eleventh century CE.

Thus, to use modern-day geographic terms, the Tibetans received input from scholars in Iran, Iraq, Afghanistan, Pakistan, India, Nepal, Uzbekistan, Tajikistan, Mongolia, China, and Russia—an interregional diversity spanning boundaries that are rarely crossed today. One can only imagine the cultural and linguistic barriers that had to be overcome to make this sort of collaboration work. This cooperation also points to the fluidity of cultural exchange in Central and Inner Asia or, even wider, exchange between regions as far reaching as western, northern, and eastern Eurasia. It is widely known, of course, that travelers and nomads crossed these vast expanses of land during medieval times, and in this way, cultural and intellectual products were shared across Eurasia. It is also well known that the international traffic of medicinal substances, medical books, and physicians thrived for centuries across the Eurasian trade routes. In the first centuries CE, medicinal substances traveled from Rome and Africa to East Asia and all

[4]For comments on the location of Khrom / Phrom as the region of the Byzantine Empire, see Beckwith (1979, 300).



places in between, along with spices, textiles, precious metals and stones, and other goods. These substances included theriac, storax, costus, ginger, cardamom, agalloch, bdellium, coral, and musk. The Muslim networks that were in place by the late seventh century facilitated the circulation of scientific knowledge from the Greek world, including medical texts, and the emperors of China's Tang dynasty (618–907) were particularly intent on the acquisition of foreign drugs, medical books, and physicians. Arab and Jewish physicians passed versions of Greek medicine to the Muslim and Chinese worlds during these centuries, and Indian scholars shared Indian medical knowledge throughout these regions as well (Boulnois 2004, 121–37, 245–49, 306).

The meeting of such international groups of medical scholars in Tibet is attested in nearly all Tibetan medical histories, and these collaborations formed the beginnings of the literary tradition of medicine there. The names listed in these historical catalogs are those of physicians living between the eighth and eleventh centuries, and they point to the close relationship between Tibet and its neighbors in all directions for a period of several centuries and the crucial role those neighboring regions played in the development of medical knowledge in Tibet. Although by the time some of these visitors set foot in Central Tibet, the Tibetan Empire had long relinquished its dominance in large portions of Central, East, and South Asia, the regular reproduction of this sort of list in medical histories emphasizes a picture of Tibet in the broader context of Asia—a Tibet whose empire lives on culturally or intellectually, if not militarily.

## The Narrative of Non-Tibetan Doctors at the Time of King Khri srong lde btsan

Supplementing the foregoing enumeration of non-Tibetan doctors, most medical histories also narrate several standardized stories about the activities of doctors from regions outside Tibet. One of these narratives recounts an episode that is said to have taken place during the time of King Khri srong lde btsan (r.756–97). Brang ti's fourteenth-century history tells the tale like this: Wanting to augment the medical knowledge of Tibet, the king feigns illness and sends his ministers to find the best doctors available. Nine doctors arrive from the different neighboring regions, named in the following list:

> From India (*rgya gar*), A tsa rgya shan ti gharba;
> From Kashmir (*kha che*), Gu ya badzra;
> From China (*rgya nag*), Stong gsum gang ba, Bha ma ha shang, and Ha ti sa ta;
> From Tazig (*stag gzig*), Sog po ha la shan dhir;
> From Drugu (*gru gu*), Seng ge 'od chen;

From Dolpo (*dol po*), Khyo ma ru rtse;
From Nepal (*bal po*), Dha la shi la.[5]

Before admitting these doctors to his castle, however, the king subjects them to a series of tests: They are asked to perform a pulse analysis on a silk thread that winds behind the castle door and is attached to a bird, a wild animal, a goat, and finally the king himself, and they must distinguish the king's pulse from that of the others by examining the thread alone. The doctors correctly identify which thread is connected to the king, and they are invited into the castle. The king rewards them with teak saddles, turquoise bridles, and 500 gold coins. He exhorts them to share their medical knowledge with Tibet, delivering the following speech:

You doctors, healers who are emanations of compassion,
Have come from the West (*mnga' ris*) to Tibet for the benefit of sentient beings;
To you who have descended upon us kings, we are grateful!
The techniques of the science of medicine that descend upon us
Had never appeared here before, until you offered them today.
Watching over the king's body, you take power over his subjects;
You inspire confidence and remove pain.
I urge you to provide me with medical practices and instructions.
(Brang ti n.d., 29a)

The doctors then settle in to translate texts from their own languages into Tibetan, later presenting this canon of works to the king, who praises the contribution and grants them a rank equal to that of spiritual advisor (*dge ba'i bshes gnyen*), conferring upon them the title *lha rje*, "lord of the gods," a term that is later taken to mean "doctor." Most of the doctors are said to return to their own regions not long afterward.

This narrative is found in a number of medical histories after Brang ti. Sometimes it is only the catalog of names and regions that appears, with only vague reference to the narrative itself. In the *Mkhas pa'i dga' ston* by Gtsug lag 'phreng ba (1504–66), the list appears with some alteration: Though the doctors from India, Kashmir, China, Persia, and Drugu are present, as in Brang ti's work, the doctors from Dolpo and Nepal are missing, and one from Khrom, Bi ci ca na ba si la ha, is present (he is presumably the one identified as the figure from Khrom in the preceding catalog of ten non-Tibetan traditions) (Gtsug lag 'phreng ba 1959–62, 46–47; cited in Taube 1981, 15). In Jaya Pandita's

[5]See Brang ti dpal ldan 'tsho byed, (n.d., 28b). In Zur mkhar blo gros rgyal po's history, these names are spelled slightly differently: Shan ti garbha; Gu hya badzra; Stong gsum gang ba, Bha la ha shang, and Ha ti pra ta; Sog po ha la shan ti; Seng mdo 'od chen; Khyol ma ru rtse; and Dharmaa shi la (Blo gros rgyal po 2001, 255–56). The identity of some of these figures is discussed in Beckwith (1979). See also Martin (Forthcoming).



seventeenth-century *Thob yig*, however, we find a list of names and regions that is identical to that of Brang ti (Dza ya panti ta blo bzang 'phrin las 1702, 1:79; cited in Taube 1981, 13).

In a summary of episodes from earlier medical histories, Blo gros rgyal po's sixteenth-century *Khog dbubs* cites this narrative from Brang ti. Although much of the story is presented verbatim, the two differ in some regards—for example, in the names of the texts contributed by the medical figures. More significantly, however, Blo gros rgyal po's history adds a Buddhist emphasis to the story: He explains that medical texts during this period were translated "in accordance with the dharma" (*dam pa'i chos dang mthun par*), for example, and that the translation of some texts was not permitted because they described healing techniques requiring the warm blood and brains of slaughtered animals (Blo gros rgyal po 2001, 257–58). Interjected into his summary of Brang ti's narrative of the foreign doctors, Blo gros rgyal po also records a historical tradition asserting that the Chinese doctor, Stong gsum gang ba, "translated the *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud*, and the additional practices, of the two, Kha che zla dga' and Vai ro tsa na, and offered it to the King, who was very pleased" (Blo gros rgyal po 2001, 259), after which this work, the *Four Tantras*, was hidden in a pillar at Samye.

Later in Blo gros rgyal po's work, however, he critiques the narratives he had earlier summarized, pointing out temporal inconsistencies and insisting on historical accuracy. He notes, for example, that although King Khri srong lde btsan's reign is said to have been a time of illness and injury from warfare, some historical traditions claim there were few doctors in Tibet at that time. Therefore, such accounts assert that nine doctors from neighboring regions had to be summoned to treat the king. Blo gros rgyal po repeats Brang ti's list, citing also the subsequent story about the king's test, the doctors' victory, and the king's verses of praise, but he questions the dating of this episode to the reign of Khri srong lde btsan. If the episode were a prophesy, he ponders, then it might make sense, but otherwise, "it is nothing other than stupid words" (Blo gros rgyal po 2001, 283). As I will discuss later, he explains that this episode must have occurred not during Khri srong lde btsan's reign but during that of an earlier king.

Blo gros rgyal po also refutes several historical claims about the *Four Tantras*, thus entering into one of the most contentious and lasting debates in medical history, that of the origins of this important medical work (see Garrett, forthcoming; Gyatso 2004; Karmay 1998). The assertion that Stong gsum gang ba translated the *Four Tantras* during the period of King Khri srong lde btsan, a tradition that Blo gros rgyal po attributes to the *Padma thang yig*, is untenable, he says, given that this doctor in fact lived during a earlier period (Blo gros rgyal po 2001, 281).[6] The claim that Ha shang ma na and Tsan pa shi la ha translated 156 chapters of the *Four*

[6]Samten G. Karmay (1998, 235, ff. 30) traces the tradition that claims the *Four Tantras* was translated from Chinese to the *Padma bka' thang*, suggesting that the assertion may be derived from the

*Tantras* is also unacceptable, he argues (Blo gros rgyal po 2001, 284–85). The contention that Kha che zla dga' and Vai ro tsa na translated the work, entrusting it to Khri srong lde btsan, who then hid it at Samye until it was rediscovered by Gra pa rgyal mtshan, is untenable as well, given that Kha che zla dga' could not have lived at the time of Khri srong lde btsan. He notes, moreover, that Gra pa rgyal mtshan's own biography makes no mention of this important discovery, citing a work that is no longer extant, as follows:

> At the time of his youth, from his uncle Zhang ston chos 'bar he studied many dharma teachings, such as medical techniques and *yaksha* cycles. Having accomplished the *yaksha* cycles, he was really skilled, and he went to Lho brag, following a prophesy. The activity of medical practice greatly increased, and therefore his wealth grew and he erected many temples in G.yor. Later, after meeting with Kha che zla dga,' he studied Kālacakra and medical techniques. At the end of his life, he founded Gra thang and continued his activities. (Blo gros rgyal po 2001, 284)

## The Narrative of Foreign Doctors at the Time of King Srong btsan sgam po

Another narrative about foreign doctors that is commonly found in medical histories refers to the earlier period of Srong btsan sgam po's reign (618–41). Brang ti's history presents this episode as follows: King Srong btsan sgam po becomes ill, and a request for doctors goes out to neighboring regions. From India comes Dharma raa dza, from China comes Ha shang ma haa kin da, and from the West comes the son of King Mu rje thom of Khrom, Btsan pa shi la ha. After healing the king, the three doctors are given gifts; in Blo gros rgyal po's summary of this episode, they are given fine saddles, bridles, and measures of gold dust and granted the title of "imperial physicians" (*bla sman*).[7] The Indian and Chinese doctors return home, leaving behind medical treatises from their own traditions, and Btsan pa shi la ha, the doctor from Khrom, stays on as imperial physician, translating medical works and fathering three sons who go on to head medical lineages of their own. His oldest son is sent to Gtsang to continue the Bi ji lineage; the middle son is sent to G.yor po, where he becomes a specialist in cranial analysis and is appointed the Lho phyogs dong kha physician; and the youngest son stays in Dbu ru, beginning the lineage of Srog/sog po physicians.

Again, however, Blo gros rgyal po is harshly critical of the historicity of Brang ti's recounting of this period of medical history. He posits that the three doctors said to have been invited at the time of Srong btsan sgam po—Dharma raa dza, Ha shang ma haa kin da, and Btsan pa shi la ha—lived instead during a later period. If the many doctors who are said to have populated the lineages of Btsan pa shi la ha's three sons throughout Tibet had originated at the time of Srong btsan sgam po, Blo gros rgyal po argues, then there would be no sense in claiming that by the time of Khri srong lde btsan doctors were scarce in order to justify a request for doctors from neighboring regions (Blo gros rgyal po 2001, 281). In the last several examples, we see clearly the critical historical method applied by Blo gros rgyal po in the reading of his sources. With an array of historical source materials to consider, he summarizes and then analyzes them comparatively, criticizing inconsistencies and questioning unfounded conclusions with a "scientific" manner that approaches the modern historical method.

former text's use of aspects of Chinese astrology, such as the five elements of wood, fire, earth, iron, and water.

[7]See Brang ti (n.d., 27a). This story is summarized by Blo gros rgyal po (2001, 253).



## The Catalog of Renowned Tibetan doctors

In addition to the lists and narratives of foreign doctors, there is another geographically organized enumeration of doctors that identifies a set of nine famous Tibetan physicians. Beginning again with our early source, Brang ti's history describes a group praised as "imperial physicians linked to the eight kings" (*btsan po brgyad nas brgyud kyi bla sman*) (Brang ti n.d., 31a). These men are grouped geographically according to their origins within Tibet, and their names are, in this history and others, presented in partial form only. These nine are the three from Upper Tibet or the West (*stod*)—Bi ci, Cher rje, and 'Ug pa; three from Central Tibet (*smad*)—Stong, Snya, and Mtha' bzhi; and three from Lower Tibet (*bar*)—G.yu thog, Brang ti, and Mi nyag.[8] Sangs rgyas rgya mtsho calls this a list of nine intelligent students chosen from the regions of Tibet to study medicine. Although in the histories of Brang ti, Sangs rgyas rgya mtsho, and De'u dmar, this list of nine Tibetan doctors appears during the period of King Khri srong lde btsan, it is clear that several of these figures lived during a much later period. Blo gros rgyal po's critique makes this explicit; Martin (Forthcoming) and Beckwith (1979) have made note of it as well, pointing to the same observation made by several other Tibetan historians.[9]

[8]On the translation of *stod* as regions to the west of Central Tibet, see Beckwith's (1979, 203–5) discussion of this term; given that Bi ci is the first in this category, and that the Bi ci or Bi ji lineage came from regions to the west, it is possible that "west" is a better translation here than "upper," although this term is typically translated as Upper Tibet. Contemporary medical historian Jampa Trinley identifies these nine doctors in full as (1) Bi ji legs mgon, (2) Cher rje zhig po, (3) 'Ug pa cho bzang, (4) Stong pa grags rgyal, (5) Gnya' pa chos bzang, (6) Mtha' bzhi dar po, (7) G.yu thog mgon po, (8) Brang ti rgyal bzang, and (9) Mi nyag rong rje (Byams pa 'phrin las 1996, 22–28).

[9]See Beckwith (1979, 306) and Martin (Forthcoming). Brang ti's account of these doctors is summarized by Blo gros rgyal po (2001, 261). Blo gros rgyal po discusses the list further at pages 86 and 265. This list is also found in Sangs rgyas rgya mtsho (1994, 174–75).

## Debates, Corrections, and Reconstructions by Medical Historians

We have seen that Blo gros rgyal po is frequently critical of the accuracy of several of the earlier histories he cites, frustrated again and again by the temporal and logical inconsistencies that he sees in Brang ti's work in particular. According to Blo gros rgyal po, what really happened during the time of King Srong btsan sgam po was this: Three doctors were indeed invited from neighboring regions; however, the three were Bharadhadza from India, Hen wen hang from China, and Ga le nos from Tazig (*stag gzigs*) or Khrom. Those doctors translated texts from their own medical traditions and offered them to the king. The Indian and Chinese doctors returned home, and Ga le nos stayed on as the imperial physician, later taking the name 'Dzo ro. Forbidden to teach medicine to the sons of good families, he was assigned a group of students from the lowly Rtug, 'Jang, Snigs, and Rmongs families; for his equanimity in executing this assignment, he was awarded the title "doctor of healing" (*'tsho byed sman pa*).[10] The three sons of Ga le nos established traditions of medicine in three regions of Tibet. It is interesting to note here (as does Beckwith 1979) that the doctor retained in Tibet as royal physician was neither the Indian nor the Chinese doctor but rather the doctor from Byzantium—Greek medicine evidently being as esteemed by the Tibetan kings as it was by the Chinese emperors during the same period (Beckwith 1979, 301).

The royal admiration of physicians from the West continued. Blo gros rgyal po explains that it was some seventy years later, during the time of King Khri lde srong btsan Mes ag tshoms (r.712–55), that a doctor named Btsan pa shi la ha—or, "in his own language," Bi ji—arrived from Khrom with a group of students. The king tested this doctor and his students by asking them to read his pulse and the pulse of several animals by handling a thread tied to their respective wrists. (This, of course, is the narrative from Brang ti's work that is associated with the later period of King Khri srong lde btsan). In Blo gros rgyal po's account, as in Brang ti's, the doctors pass the test, are awarded the title *lha rje*, and remain in the region translating texts.[11]

What, then, actually happened during the reign of King Khri srong lde btsan, who took power after Mes ag tshoms, according to Blo gros rgyal po? Dharmaradza arrived from India and joined Ha shang ma haa kyin da (from China) and Tsan/Btsan pa shi la ha (from Byzantium) in the continued translation of works from their own medical systems and the composition of new medical texts representing the knowledge of those traditions. (These are the three

[10]See Blo gros rgyal po (2001, 288–89); this story is also found in Sangs rgyas rgya mtsho (1994, 150 ff.).

[11]See Blo gros rgyal po (2001, 289–91). The presence of a physician named Be ci Btsan pa ha la is confirmed in the eleventh-century history of Lde'u jo sras (1987, 300; cited in Martin, Forthcoming). For additional references to such a figure, and for comments on the origins of the name Bi ji and the probable Buddhist affiliations of this person, see Beckwith (1979, 302–303).



doctors who are associated with Srong btsan sgam po's reign in Brang ti's history.) Khri srong lde btsan declares that additional doctors from neighboring regions should be invited to continue this work, announcing that

> The oral tradition of the science of medicine has been well conveyed by the forefathers and myself, and because of that, it has spread widely; however, in addition to this, gathering together many doctors from various regions will make clear the particularities of the earlier translations. (Blo gros rgyal po 2001, 295)

Thus, nine doctors arrived from India, Kashmir, China, Tazig, Drugu, Dolpo, and Nepal—this is the same list of figures from Brang ti's account of the nine foreign doctors arriving during Khri srong lde btsan's reign. These scholars began a flurry of translation activity, resulting in a medical corpus that became known as *Rgyal po'i bla dpyad po ti smug po*.[12] These doctors from the "four border regions" (*mtha' bzhi*) became known as the nine imperial physicians (*rgyal po'i bla sman dgu*), and though they were asked to remain in Tibet, each returned home. When the king took ill near the end of his life, he called for these imperial physicians, but the only one to return was the Chinese physician, Stong gsum gang ba. For his service, he was named *Mtha' bzhi Stong gsum gang ba*, "Stong gsum gang ba of the four border regions."

Blo gros rgyal po's account of these events is confirmed by some medical histories and contradicted by others. In the late 1500s, for example, the very brief medical history given in the *Stag lung chos' byung* by Stag lung ngag dbang rnam rgyal places one "Bi tsi tsan pa shi la ha" from Khrom around the period of Kyim shang kong jo—the Chinese princess who arrived in Tibet at the time of Mes ag tshoms—thus confirming Blo gros rgyal po's version of events (Stag lung ngag dbang rnam rgyal 1992, 927). The more substantial medical history by De'u dmar btsan 'dzin phun tshogs (b. 1672) confirms the arrival of Bharadhadza from India, Hen wen hang from China, and Ga le nos from Tazig or Khrom during the reign of Srong btsan sgam po (De'u dmar 1993, 661). Further substantiating Blo gros rgyal po's account, De'u dmar notes that the Chinese and Indian doctors returned home, leaving Ga le nos behind in Tibet to father three sons who would become doctors in the medical lineages of G.yor po, Lho rong, and Sog po. In this source, too, Ga le nos later took on the name 'Dzo ro, taught students from lowly Tibetan families, and was given the title *'tsho byed sman pa* (De'u dmar 1993, 662). Like Blo gros rgyal po, De'u dmar's narrative explains that during the reign of King Khri lde srong btsan Mes ag tshoms, another doctor arrived from Khrom, "a doctor called Bi ji, whose real name was Tsam pa shi la ha" (De'u dmar 1993, 663). During the reign of Khri srong lde'u btsan, De'u dmar continues, Dharmaradza,

[12]Ibid., 299. This is also found in Sangs rgyas rgya mtsho (1994, 174).

Ha shang ma haa kyin da, and Tsam pa shi la ha worked on the translation and composition of medical texts. Following Blo gros rgyal po's account, De'u dmar describes Khri srong lde'u btsan's decision to invite nine doctors, and he lists the nine as they occur consistently in earlier histories. For De'u dmar, however, as it was for Brang ti, it is these nine who undergo the test of reading the King's pulse via a thread. Numerous texts translated by these scholars, who are called "the nine imperial physicians from the four border regions," are then recorded, the collection of which is bound together as the *Rgyal po'i bla dpyad po ti smug po*.

At this point in De'u dmar's narrative, the group of nine doctors from Tibet—rather than those from foreign lands—is inserted, following the organization of Brang ti's history, after which the narrative resumes in the model of Blo gros rgyal po's account. As in Brang ti's account, the insertion of the nine Tibetan doctors into the narrative is quickly passed over: "Then sometime later the king took ill, and although there were the nine Tibetan doctors, according to the wish of the ministers an invitation was issued for doctors of the four border regions" (De'u dmar 1993, 672). As in both Blo gros rgyal po's and Brang ti's histories, the only foreign doctor to respond to this call is the Chinese physician Stong gsum gang ba, who for his effective service is named Mtha' bzhi Stong gsum gang ba.

De'u dmar's history has additional information about the Bi ji lineage that makes it unusual among medical histories. He traces the Bi ji lineage to a region that he calls Bhai ti, a place to the west.[13] An early predecessor of the figures who wind up in Tibet, the first Bi ji had a son named Ga le thos, who acted as the imperial physician to the king of a region of Tazig. Bi ji Ga le thos had a son named Bi ji'i ji Gal le nos—this is the Ga le nos who was invited to Tibet during the reign of Srong btsan sgam po, De'u dmar explains. Ga le nos was given the title *'tsho byed sman pa*, and his three sons established the medical lineages of G.yor po, Hlo rong, and Sog po. In Tibetan, De'u dmar comments, the name *Bi ji'i* became corrupted, and the descendents of this family were called, alternatively, *Be che, Ban che, Bi ji'i na*, or *Bi ji*.[14]

De'u dmar's history of the Bi ji lineage goes on to explain that Ga le nos had a younger sibling named Ri shi skyes, whose older son was called Bi ji Tsam pa shi la ha. It is this figure who is dispatched from Khrom, along with a large group of medical scholars, to Tibet at the time of Mes ag tshoms. De'u dmar explains that during the period of the descendents of Bi ji'i ji Bha ro hi[15] (the brother of Ga le thos, imperial physician to the king

[13]Ibid.,703–706. I have not been able to identify this place; De'u dmar writes about the king of Khrom and the king of Bhai ti as separate individuals, so Bhai ti is presumably not within the region known as Khrom, and yet given his discussion of events, it must be near there.

[14]On the probable derivation of the Tibetan word *bi ji* from a Sogdian term meaning "physician," see Beckwith (1979, 303).

[15]Reading Bha ro hi for Bha ri hi, mentioned earlier (De'u dmar 1993, 705).



**Table 2.** Time Line of Events According to Blo gros rgyal po

During the Reign of Srong btsan sgam po (618–41):
- Three doctors are invited from neighboring regions: Bharadhadza from India, Hen wen hang from China, and Ga le nos from Tazig or Khrom."
- Ga le nos stays on as imperial physician, changing his name to 'Dzo ro. Forbidden to teach medicine to the sons of good families, he is assigned a group of students from the lowly families. He fathers three sons who become doctors in the medical lineages of G.yor po, Hlo rong, and Sog po.

During the Reign of Khri lde srong btsan Mes ag tshoms (712–55):
- Btsan pa shi la ha, or Bi ji, arrives from Khrom with a group of students.
- The king tests this doctor and his students by asking them to read his pulse and the pulse of several animals by handling a thread tied to their wrists.

During the Reign of Khri srong lde btsan (756–97):
- Dharmaradza, Ha shang ma haa kyin da, and Tsan pa shi la ha work on the translation of texts from India, China, and Khrom.
- Khri srong lde btsan declares that additional doctors from neighboring regions should be invited to continue this work. Nine doctors arrive from India, Kashmir, China, Persia, Drugu, Dolpo, and Nepal. These doctors become known as the nine imperial physicians (*rgyal po'i bla sman dgu*).
- When the king takes ill near the end of his life, he calls for these imperial physicians, but the only one to return is the Chinese physician, Stong gsum gang ba.

of Tazig), the army of the Tibetan king Khri srong lde btsan defeated the kingdom of Bhai ti, and their material resources and deity images were removed to Tibet. This period in Tibetan history was indeed one of its bloodiest, with the Tibetan empire conquering regions in all directions.

The Byzantine or Arabo-Persian region of Khrom figures repeatedly in the medical history of the Tibetan imperial period, emphasizing the close connections between Tibet and regions to the west at a time when Muslim scholars were active in the translation and spread of Greek medical works and when many regions to the west were, in fact, predominantly Buddhist. Further research may identify the substantive and lasting effects on Tibetan medical knowledge and practice that must have resulted from these interactions.

## Classifying Doctors Thematically

In the preceding sections, we have looked at geographic classifications of doctors, examining lists and narratives about those from neighboring non-Tibetan regions, as well as a catalog of nine physicians from within Tibet. These lists emphasize the remarkable extent of international collaboration in the early literary traditions of Tibetan medicine, the importance of these relationships for Tibetan medical historians, and the critical methods used by historians

to sort out and articulate the complexities of their past. I will now turn to another sort of classificatory system, one that arranges doctors thematically. Here, there are two primary subtypes: one arranging individuals by their general accomplishments and another arranging individuals according to their specialized expertise. As noted earlier, Brang ti's history begins its section on medicine with an enumeration of ten non-Tibetan physicians. This framing device also closes this section: After his narrative discussion of medical history and before he moves on to a brief discussion of medical content, Brang ti offers a catalog of doctors grouped by the accomplishments for which they are known, an enumeration that becomes a standard feature of most subsequent medical histories. Brang ti's history notes a collection of 104 doctors (although his list actually identifies more than this), whereas other histories list different numbers. He identifies the following groups of doctors whose "instructional texts on medicine, its practices, and oral transmissions are clear and performed widely":

> One who is pervasive like the sky;
> One who is famous like a pandit;
> One who is famous like a king;
> Two who are like the sun and the moon;
> Nine who are appointed as imperial doctors;
> Twelve who act for the benefit of beings;
> Six who are great by their qualities and strength of purity;
> Ten who are famous as the medicine Buddha;
> Nine who are activating good karma from a previous lifetime;
> Twelve who became individual chief analysts;
> Six who became famous in the ten directions;
> Five who act in accordance with the true teachings;
> Four possessing the power of a scholar;
> Four who have accomplished the feats of a sage;
> Eight who have revealed profound treasures;
> Seven with power respected by the king;
> Ten who are like the life-tree;
> Fifty-eight who are famous for spreading (medicine) everywhere.
> (Brang ti n.d., 33a)

Brang ti's history mentions a larger group of 104, and he concludes his list by mentioning a group of 58. There are alternative traditions in other medical histories. Don dam smra ba'i seng ge's mid-fifteenth-century history, for example, describes a classification of 54 doctors; most subgroupings share the classificatory titles cataloged by Brang ti (Don dam smra ba'i senge, 465). Although these two texts provide no more than a single name, if even that, for each of these groups, the full listing of names in each category can be found recorded in more substantial histories. Blo gros rgyal po provides a complete list of 71 doctors, noting the presence of alternative traditions with additional names, comprising groups of 65,



104, or 58 doctors.[16] The most commonly seen classifications are 104 and 58; in the late sixteenth century, Stag lung ngag dbang rnam rgyal explains that "in general there are 104 doctors who are well known, but we say that there are 58 known to everyone" (1992, 928).

In addition to identifying the names of these medical scholars, Blo gros rgyal po (and in some cases, Brang ti) also tells us where many of these figures are from, providing more interesting detail on the remarkable spread of medical learning and practice in the early periods. Doctors in these lists hailed from many parts of the culturally Tibetan region.

A second type of thematic list catalogs doctors according to more specific fields of specialization. Blo gros rgyal po's history lists 57 early systems of healing and the physicians responsible for them: Thus, Shanti garbha is famous for his treatment of leprosy, Dharma shi la for healing poisoning cases, Che rje na gu for the special treatment of women's diseases, and so forth. These specializations include topics such as the treatment of leprosy; therapies using fire, clubs, and spoons; recommendations on food and behavior; the treatment of horses; the healing of poisoning; the treatment of fevers; the healing of broken limbs and limbs injured in warfare; the treatment of women's diseases; the clearing of out the chest; the healing of internal diseases; the removal of bloody arrowheads; illuminations of hot and cold disorders; mercury compounds; the healing of head injuries; the treatment of chest wounds; the drawing out of pus from wounds and drying them up; and medicines made from minerals (Blo gros rgyal po 2001, 267–69). Interestingly, an estimated 15 percent of the specializations listed pertain to the treatment of injuries that may result from combat. Although few, if any, of the doctors named in this list lived during the imperial period, the portrait of warfront medics drawn by this catalog emphasizes the role of medical history in enlivening an image of a Tibet that dominated the Central and East Asian fields of war.

## Classificatory Methodologies in Medical History

The different ways of classifying information found in cultures that are distant from us in time or space has been a topic of interest to many scholars of religion and culture. Emile Durkheim's writings, for example, brought to us a link between classificatory systems and social structures, emphasizing the notion that the classificatory systems of different peoples will be different and that they may thus tell us something about the way people think and act. We know, for example, of the simple taxonomic tree, in which members of the tree are hierarchically arranged according to a schema of shared properties

[16]See Blo gros rgyal po (2001, 265–69). These lists are also discussed by Sangs rgyas rgya mtsho (1994, 304 ff.)

and a serial ranking of those properties. Tibetan medical theory classifies information in this way, even using the image of a tree, so that the topic of treating illness, say, is divided into therapies of diet, conduct, medicinal prescriptions, and external physical therapies, categories that are then further subdivided.

There are also more complex "multimodular" classification systems—to use Bruce Lincoln's term—which may be represented as a table or box, the cells or modules of which are interrelated in ways that reflect hierarchic order (Lincoln 1989, 131–41). This sort of classification, sometimes called a "system of correspondences," has been much examined in the study of South Asian literature; Brian K. Smith's study of the Vedas in *Classifying the Universe*, for example, maps the *varṇa* ("caste") system onto "anatomy, deities, cosmological worlds, cardinal directions, times of the day and year, animals, foods, plants, trees, and meters and hymns" (1994, 13). Multimodular classification systems can be found in the Tibetan medical literature, too, such as those that link body parts to the features of a house, political positions, natural elements, genders, astrological features, or, as we move into the more religiously oriented medical literature, sets of Buddhas. These hierarchically ordered matrices of correspondence in Buddhist literature have been oft commented on, and yet they still warrant further theorizing.

Another classification system is the list, a methodology sometimes neglected by theorists for its assumed simplicity. We see lists commonly in Buddhist literature of all sorts in the form of the lineage list: a list of the names of key figures who carry on a tradition, tracing a student–teacher or father–son link from a contemporary figure back to, typically, the time of the Buddha. Some work has been done on this historical method in the context of Chinese Buddhism. Dale S. Wright (1992), for instance, points to the importance of the lineage list to identity in Ch'an Buddhism, suggesting that the historical contextualization provided by the lineage list and its embellishing narratives is central to Ch'an Buddhist self-understanding. He writes,

> [W]ho the monk becomes, how he fits himself into the world, is to a great extent shaped by the stories into which he has been socialized. As Alasdair MacIntyre puts it: "I can only answer the question 'What am I to do?' if I can answer the prior question 'Of what story or stories do I find myself a part?'" In the case of classical Ch'an this would be to say that personal identity or self-understanding was communicated only partly by doctrines concerning the self and much more by narratives, models, and precedents. Moreover, the doctrines themselves are integrally tied to the narratives and can be understood only in terms of particular exemplars described in narrative texts. (Wright 1992, 41, citing MacIntyre 1981, 216)

History is not secondary to doctrine, in other words. History does not simply *describe* doctrines and their proponents, but it actually *defines* the Buddhists who participate in the history, past, present, and future, and it thus makes possible the doctrines they expound.



The lineage list is a prominent feature of Tibetan Buddhist histories, too, including medical histories. In this essay, I am looking at different sorts of lists, and yet some of what Wright describes holds true here: Namely, these lists, though they are not the temporal serial tracking of genealogical relations seen in the lineage, also play a role in the formation of identity. What we have in the histories examined here are lists with nonhierarchical subgroupings. These are not comprehensive lists, they are closed systems that identify a limited set of people, thereby excluding everyone else; although individual names may be given in a certain order, they are not *taxonomically* hierarchical. In medical histories, these lists and their subgroups, like lineage lists, serve as the basis for narrative exploration and critical debate. One aspect that distinguishes this methodology from the lineage list, however, is that these lists organize people, the contributions they have made to medical knowledge, and thus that knowledge itself, by geographic or thematic criteria rather than temporal ones. Whereas the lineage list documents the passing of medical knowledge over time, the geographically organized list documents the spread of medical knowledge over space, and the thematically organized list documents the interpenetration of medical knowledge and expertise with other aspects of intellectual life (such as Buddhism), civil life (as in relation to royalty), or practical skill. The role of these sorts of records in medical histories, therefore, is not trivial; Brang ti's placement of a catalog of doctors at the beginning and end of his historical narrative suggests that these records are themselves an important presentation of historical knowledge about medicine. Blo gros rgyal po's debates about who rightly belongs in these lists suggests that membership is not simply a matter of uncritical "tradition."

One of the features of taxonomic classification systems is that they organize not only objects in the phenomenal world but also the taxonomizers themselves. Bruce Lincoln notes,

> Knowers do not and cannot stand apart from the known, however, because they are objects as well as subjects of knowledge; consequently, they themselves come to be categorized within their own taxonomic systems. Taxonomy is thus not only an epistemological instrument (a means for organizing information), but it is also (as it comes to organize the organizers) an instrument for the construction of society. (1989, 7)

We can see this clearly in lineage list methodology, in which authors of these lists include, at the end of a line that extends back to the Buddha, themselves. With a lineage of medical figures leading up to, say, Sangs rgyas rgya mtsho, all of medical history is thus also the personal history of Sangs rgyas rgya mtsho

himself.[17] The medical historian's point of view is justified by his presence within the tradition, and he knows his stance to be authoritative given his identity as a member of that list. Conversely, it is also the case that the tradition is made authoritative by the presence of the author. If this is so, may we say, then, that *subjectivity* rather than objectivity is the ultimate marker of authority? We have observed the Tibetan historian's critical method of comparative analysis, with its critique of inconsistency and attention to logical accuracy, and I have even suggested labeling this method "scientific." But such a word must only be whispered here. By this, would we mean that a historian's account is meant to accord precisely with an unambiguous, external, objective reality? Or might there be a way in which objective and subjective authority merge? Is it perhaps a conceit of the European imagination to require that objective and subjective be dichotomous in the doing of history anyway?

To return to the message of the geographically and thematically organized lists, let us consider the themes that come into view in these historical documents. What picture of medical history emerges from the episodes that include or feature these lists? What appears most prominently, perhaps, is a portrait of scholarly Tibetan medical communities as internationally cosmopolitan. This is an internationality that involves not only India, long held as the source of Buddhist scholasticism, but all of Asia. In the historical portrait, Tibetan medical knowledge evolved through input from scholars from every direction surrounding Central Tibet—medical scholars came from Turkic, Persian, and Kashmiri regions to the west and northwest, from Indian and Nepali regions to the south, and from eastern Tibetan, Chinese, and Mongol regions to the east and northeast. Much of this activity is attributed to the imperial period, and although later Tibetan historians determined that many of the doctors in these narratives in fact lived centuries after the imperial period, the mythos of those doctors as imperial warfront medics is telling. The narratives suggest that when Tibet was a major imperial force throughout Asia, medicine was indeed a major object of domination. When the Tibetan imperial armies conquered lands near and far, one of the things they wanted—and took—was medical knowledge. Or at least, such is the historical presentation: This past is an important part of the narrative of medicine's development in Tibet, and recorded as such, it forms the present identity of the medical tradition. I have argued elsewhere that one of the methods used to promote the *Four Tantras*, in its early days, was a historical narrative that undermined this international past, focusing exclusively on that text's links to Buddhist India (see Garrett, Forthcoming). Such subversive narratives notwithstanding, for nearly all medical historians, the possession of medical knowledge from surrounding regions during the imperial period became an important aspect of the identity of Tibetan medicine.

[17]Timothy Barrett (2005, 134) points out this common literary trope in which all Buddhist history is located in the personal history of the Buddha.



The history of medicine accentuates the imperial-period image of Tibet as the heart of Asian culture.

Another feature of these lists and narratives about medical history is a growing emphasis on the Buddhist nature of medicine. Blo gros rgyal po's work, for example, makes a point of explaining that early translators eliminated aspects of medicine that were not adequately Buddhist or that contradicted Buddhist ideals. Although much of early medical history focuses on civil culture—emphasizing the relationship between doctors and kings and suggesting the importance of the military acquisition of medical knowledge—many of the epithets attributed to famous doctors are Buddhist in nature. Thus, there are those who were known for their purity, for activating good karma, for acting according to the true teachings, and even for being Medicine Buddhas. The presentation of the practice of medicine as a fundamental part of the Buddhist path, a tradition documented by Kurtis R. Schaeffer (2003), is another facet of the conjoining of medical traditions with Buddhist ideology in the historical portrait of medicine.

These histories also share narrative elements with the histories of Buddhism. The king's testing of doctors, for example, is reminiscent of the tests imposed on Minister Mgar during the reign of Srong btsan sgam po when he went to fetch the Nepalese and Chinese princesses, as told in Bsod nams rgyal mtshan's fourteenth-century history of Buddhism, *Rgyal rabs gsal ba'i me long*.[18] Prevented from returning to Tibet from China with the Chinese princess, Minister Mgar feigns illness. He tricks a doctor by using a thread tied to the feet of a cat and a rooster hidden under his clothes; reading the pulse of these threads, the doctor understands Mgar to have the pulse of a cat and a rooster and therefore to be quite ill indeed.[19] (Although in this history of Buddhism, the doctor fails to catch the trick, in the histories of medicine, the doctors are more clever, easily recognizing the deception!) The narrative of the nine Tibetan students chosen to study medicine during the period of King Khri srong lde btsan, furthermore, is reminiscent of a Buddhist historical narrative of nine intelligent boys chosen during the same period to serve as translators of Buddhist texts.[20] Modeling medical histories after Buddhist histories, scholars may have sought to emphasize links between the two traditions in this and other ways, hoping to take advantage of the growing authority of Buddhism in civil, intellectual, and political Tibet.

The shaping of medical history as Buddhist history is further evidence of the creative authorship of Tibetan historians, of their scholarly *use* of history to communicate a vision of themselves and their pasts. Some among us may criticize this

[18]These narratives can be found in translation in *The Clear Mirror* (Taylor and Yuthok 1996, 118–43).

[19]Ibid., 150.

[20]This similarity is pointed out in Martin (Forthcoming).

as manipulative, but I prefer to see it as a critical sort of scholarly creativity and to acknowledge that we do the same thing today. Our own intellectual culture has shaken free of the traditionalist view that history must correspond fully and directly to an objective reality that is "out there" to be discovered. Of course, we recognize certain standards of "correctness" that may guide the telling of history, as well as an interest in reporting "what really happened," as do Tibetan historians, but these standards are outlined differently according to the goals and objectives of the historian and his or her audience. Without the requirements of a master narrative of history, we may see facts expressing multiple histories, narratives that may then speak to each other from different perspectives, a polyphony of voices uniting past, present, and future.

## Conclusion

We have seen in this essay a selection of histories in conversation with one another, their authors attempting to sort out the thorny issues of history and identity with recourse to scholarly ideals of consistency and logic and with a flourish of authorial creativity. By examining the structure and content of classificatory methods in these medical histories, we have also seen a particular image of Tibetan medicine as a tradition—and the Tibetan medical historian as a scholar—take shape. In addition to temporally organized lineage lists, which document the place of medicine across time, geographically organized lists and the narratives that surround them document the reach of medical knowledge across space, and thematically organized lists and their narratives document the intertwining of medical knowledge and skill with other aspects of intellectual and civil life. The method of list making shows us how individuals belong in these ways to a collective identity—how identity is formed by belonging to a group. Through the lists and narratives of medical history described in this article, medical historians painted a picture of the identity of Tibetan medicine that evoked the strength and cosmopolitanism of the imperial period and a tension with the ideological and political forces of Buddhism. Medicine triumphs as a tradition that continues without interruption (unlike Buddhism), that harkens back to the strength of the imperial period (unlike many aspects of Buddhism), and that is culturally pervasive, penetrating all aspects of Tibetan intellectual life, civil life, and practical skill. Identity is determined by temporality, as Heidegger might say, but it is also determined by geographic and ideological spatiality—that is, we reach out in geographic ways (we exist in space) and we also reach out in our physical and intellectual agency. Tibetan historians of the past tell us something about all of these facets of existence as they craft identities for their subjects and themselves with an authorial skill that draws on a range of critical methodologies.



Recent studies of Tibetan medical history have demonstrated its interconnectedness to aspects of culture, such as Buddhist views on gender, the body, or the religious path (see, e.g., Garrett 2005; Gyatso 2003, 2004; Schaeffer 2003). Drawn from an examination of Tibetan texts on the theory and practice of medicine, such studies bear out a view of medicine's interpenetration with a wide range of cultural forces, as is brought forth by Tibetan historians cited here. The notion of medicine as inherently interconnected in complex ways to political, social, economic, and intellectual realms is indeed a component of much recent scholarship on other forms of Asian medicine—for example, in the works of such notable scholars as Paul Unschuld (1985), Nathan Sivin (Lloyd and Sivin 2002), and Charlotte Furth (1999) in the area of Chinese medicine, and Francis Zimmermann (1987), Kenneth Zysk (1991), and Joseph S. Alter (2005) in South Asian medicine, to name just a few. The perception of an isolated tradition of medicine, radically different in method, content, and allegiance from other disciplines of study and practice such as religion, philosophy, or law, is perhaps but an artifact of particular boundaries of disciplinarity created and perpetuated by the modern Euro-American university system. The history of medicine, when it critically and naturally ranges across those boundaries, points to the value of an interdisciplinary approach to the study of text and culture—past and present.

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